

BERESKIN & PARR

BOX 401, 40 KING STREET WEST, TORONTO, CANADA M5H 3Y2
PHONE (416) 364-7311 • FAX (416) 361-1398 • WWW.BERESKINPARR.COMPlease type a plus sign (+) inside this box → ☒Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 10447-011

First Inventor or Application Identifier THOR BORGFOR

Title RICIN-LIKE TOXIN VARIANTS FOR TREATMENT OF ...

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 88]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Micro fiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 254]
4. Oath or Declaration [Total Pages 3]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]
11. ☐ Preliminary Amendment
12. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ * Small Entity Statement(s) filed in prior application, Status still proper and desired
(PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other:

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP)

of prior application No. 09/403,752

Prior application information: Examiner

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label001059
(Insert Customer Number or Bar Code Label here)or ☐ Correspondence address below

| | | | | |
|---------|--------------------------------|-----------|----------------|--------------------|
| Name | Bereskin & Parr | | | |
| Address | Box 401 40 King Street West | | | |
| City | Toronto | State | Ontario | Zip Code |
| Country | Canada | Telephone | (416) 364-7311 | Fax (416) 361-1398 |

Name (Print/Type) John R. Rudolph

Registration No. (Attorney/Agent)

38.003

Signature

Date

April 13, 2000

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Our File No: 10447-011

BERESKIN & PARR

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April 13, 2000

The Commissioner of Patents & Trademarks
Washington, D.C., U.S.A. 20231

Dear Sir:

Transmitted herewith for filing is the patent application of

Inventor: **Thor Borgford**

For: **RICIN-LIKE TOXIN VARIANTS FOR TREATMENT OF CANCER, VIRAL OR PARASITIC INFECTIONS**

The following papers are also enclosed:

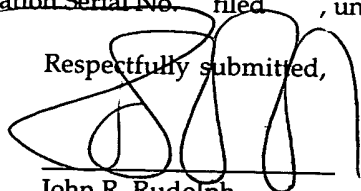
- [X] 254 sheets of X Formal drawings _____ Informal drawings
- [X] A signed declaration.

| | Number Extra | Full Rate | Small Entity Rate | Total |
|--------------------|-----------------|-----------|----------------------|-------|
| Total Claims | 39 - 20 = 19 X | \$ 18.00 | \$ 9.00 | \$171 |
| Independent Claims | 5 - 3 = 2 X | \$ 78.00 | \$ 39.00 | \$78 |
| Multiple Claims | Flat Rate | \$260.00 | \$130.00 | \$0 |

Basic Fee = \$345.00
TOTAL FEES = \$594.00

- [X] Two Verified Statements Claiming Small Entity Status.
- [X] The amount of \$594.00 is enclosed in our cheque No. 2860.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 02-2095. This letter is enclosed in duplicate.
- [X] Related application. This application is a _____ Division _____ Continuation
X Continuation-in-part of application Serial No. 09/403,752, filed October 29, 1999.
- [] Convention priority is requested based on U.S. Application Serial No. _____ filed _____, under 35 USC §119(e).

Respectfully submitted,


John R. Rudolph
Registration No. 38,003

BERESKIN & PARR

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PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments *must* be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 594.00)

Complete if Known

Application Number
Filing Date
First Named Inventor THOR BORGFORD
Examiner Name
Group / Art Unit
Attorney Docket No. 10447-011/JRR

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 022095

Deposit Account Name Bereskin & Parr

☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed: Cheque # 2860
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|--------------|--------------|----------|----------|----------|----------|------------------------|----------|
| | | 101 | 690 | 201 | 345 | Utility filing fee | 345.00 |
| | | 106 | 310 | 206 | 155 | Design filing fee | |
| | | 107 | 480 | 207 | 240 | Plant filing fee | |
| | | 108 | 690 | 208 | 345 | Reissue filing fee | |
| | | 114 | 150 | 214 | 75 | Provisional filing fee | |

SUBTOTAL (1) (\$ 345.00)

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 32 | -20** = 19 | 9.00 | 171.00 |
| 5 | -3** = 2 | 39.00 | 78.00 |
| Multiple Dependent | | | |

**or number previously paid, if greater; For Reissues, see below

| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|--------------|--------------|----------|----------|----------|----------|--|
| | | 103 | 18 | 203 | 9 | Claims in excess of 20 |
| | | 102 | 78 | 202 | 39 | Independent claims in excess of 3 |
| | | 104 | 260 | 204 | 130 | Multiple dependent claim, if not paid |
| | | 109 | 78 | 209 | 39 | ** Reissue independent claims over original patent |
| | | 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 249.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|--------------|--------------|----------|----------|----------|----------|--|----------|
| | | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| | | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| | | 139 | 130 | 139 | 130 | Non-English specification | |
| | | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | |
| | | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| | | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| | | 115 | 110 | 215 | 55 | Extension for reply within first month | |
| | | 116 | 380 | 216 | 190 | Extension for reply within second month | |
| | | 117 | 870 | 217 | 435 | Extension for reply within third month | |
| | | 118 | 1,360 | 218 | 680 | Extension for reply within fourth month | |
| | | 128 | 1,850 | 228 | 925 | Extension for reply within fifth month | |
| | | 119 | 300 | 219 | 150 | Notice of Appeal | |
| | | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | |
| | | 121 | 260 | 221 | 130 | Request for oral hearing | |
| | | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| | | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| | | 141 | 1,210 | 241 | 605 | Petition to revive - unintentional | |
| | | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | |
| | | 143 | 430 | 243 | 215 | Design issue fee | |
| | | 144 | 580 | 244 | 290 | Plant issue fee | |
| | | 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| | | 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| | | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | |
| | | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| | | 146 | 690 | 246 | 345 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| | | 149 | 690 | 249 | 345 | For each additional invention to be examined (37 CFR § 1.129(b)) | |

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

SUBMITTED BY

Name (Print/Type) John R. Rudolph

Signature

Registration No. (Attorney/Agent)

38,003

Complete (if applicable)

Telephone (416) 364-7311

Date April 13, 2000

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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04/14/00
JCS35 U.S. PTO